



City of Lowell

Civic Center, 50 Arcand Drive, Lowell MA 01852

**Henri Marchand
Cultural Affairs & Special Events**

DATE OF REQUEST: _____

APPLICANT NAME (organization): _____

NAME OF PERSON COMPLETING APPLICATION: _____

PHONE: _____ **CELL PHONE:** _____

E-MAIL: _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DATE(S) AND TIME(S) of EVENT: _____

TYPE of EVENT: _____

Filming	_____	Road Race	_____	Procession	_____
Walk-A-Thon	_____	Assemblage	_____	Festival	_____
Block Party	_____	Other	_____		

Starting Time _____ **End Time** _____

EVENT DESCRIPTION: (Include street closures if required. If road race please include a detailed map and safety plan)

LOCATION: _____

ACTIVITIES (attach additional sheets as needed): _____

Expected #’S: **Participants** _____ **Spectators** _____

Will this event require a street closing permit? **Yes** _____ **No** _____